

Requester's Signature

MISSOURI DEPARTMENT OF LABOR AND INDUSTRIAL RELATIONS DIVISION OF LABOR STANDARDS

REQUEST FOR WAGE DETERMINATION

PLEASE RETURN TO: Division of Labor Standards

Attn: Prevailing Wage Section

P.O. Box 449

Jefferson City, MO 65102-0449

Phone: 573-751-3403 Fax: 573-751-3721

E-mail: prevailingwage@labor.mo.gov
Website: www.labor.mo.gov/DLS

REQUESTER INFORMATION		
I am requesting a wage determination according to C 290.340 and 290.550 through 290.580 RSMo).	Chapter 290 of the Missouri Prevai	iling Wage Law (sections 290.210 through
Name of Requester (please print)	Requester's Title	
Requester's Organization		Phone Number (include Area Code)
Mailing Address		E-mail Address
City	State	ZIP Code
PUBLIC BODY INFORMATION		
Contact Person at Public Body		
Official Name of the Public Body requesting the wage rate	es	Phone Number (include Area Code)
Street Address		E-mail Address
City	State	ZIP Code
FUNDING INFORMATION		
Will the federal government or any of its agencies furnish Yes No	loans or grants for any part of the fund	ds used in your contracts?
If "Yes," will the federal government or any of its agencie Yes No	es also prescribe a schedule of Prevaili	ing Wage Rates?
COUNTY(IES) REQUESTED		
Please list county(ies) requested:		
(for St. Louis, please specify "County" or "City")		
ANNUAL WAGE ORDER PASSWORDS		
The Annual Wage Order is being provided to requesters w		are required to access the Annual Wage Order and a password to you.
Incremental Increases on the Internet. Please provide an e-	-mail address below where we can sen	I

Date of Request